Employe Death Benefit Report

For deaths after 12-31-91

WISCONSIN DEPARTMENT OF REVENUE

Post Office Box 8904 Madison, Wisconsin 53708-8904 Telephone (608) 266-2772

IRA or HR 10 Plan — This fo	rm does not have to be co	ompleted to report payments from an IF	RA or HR 10 Plan.
Signature		Title	Date
As representative of the payor rand belief.	named above, I certify that	CERTIFICATION t the information contained in this report	rt is correct to the best of my knowledge
	•	benefits reported on this form, please pontributions by employer to decedent's	•
10. THE BENEFITS REPORTED ABOVE ARE PAYABLE UNDER A FEDERALLY			☐ QUALIFIED PLAN☐ NON-QUALIFIED
Indicate value as of date of degree		Relationship to decedent	Share of benefits payable
	stallments, state number a	and amount of installments, age of ben	eficiary, mortality table and rate of
☐ Annuity 7. Amount of payment if paid in	☐ Profit sharing☐ Bonus	 □ Wage Continuation □ Deferred compensation □ Date of payment 	
6. Type of payment reported	☐ Pension	☐ Death benefit ☐ O	ther (explain below)
5. Address of decedent			
3. Name of deceased employe or former employe			4. Date of death
Name of payor reporting		2. Name of plan	

Section 72.34, Wisconsin Statutes provides that every person liable for paying benefits to the estate or a beneficiary of a deceased employe or former employe in the form of an annuity, bonus, pension or other benefit under a retirement, deferred compensation or profit-sharing plan taxable under this chapter, directly or through a trust or fund created by the employer for such purpose, shall give notice of such obligation to the department within 30 days following the date of payment, or the date of the initial payment if more than one payment is forthcoming, to the estate or any beneficiary of such employe or former employe.

HT-209 (R. 10-93) Wisconsin Department of Revenue